

**Localization** – Cytoplasm

**Host Species** – Rabbit

**Ig Class** – IgG

**Intended Use**

This antibody is designed for the specific localization of IgE -in formalin-fixed, paraffin-embedded (FFPE) tissue sections.

**Storage & Handling**

Store RTU Vial at 2-8°C. Fresh dilutions for concentrated antibodies, if required, should be prepared prior to use and are stable for up to one day at room temperature (20-26°C).

**Working Principle**

Immunoglobulin E (IgE) is a mammal-restricted antibody isotype synthesized by differentiated plasma cells. Structurally, IgE exists as a monomer composed of two identical ε heavy chains and two identical light chains; the ε heavy chain uniquely contains four immunoglobulin-like constant domains (Cε1–Cε4), distinguishing it from other immunoglobulin classes. Functionally, IgE is a critical mediator of host defense against multicellular parasites, particularly helminths such as Schistosoma mansoni, Trichinella spiralis, and Fasciola hepatica, and also contributes to immune responses against certain protozoan pathogens, including Plasmodium falciparum. IgE exerts its effector functions primarily through high-affinity binding to FcεRI on mast cells and basophils, leading to cell activation and mediator release upon antigen cross-linking. In addition to its role in antiparasitic immunity, IgE is a central effector molecule in type I (immediate) hypersensitivity reactions. These responses underlie a broad spectrum of allergic disorders, including allergic asthma, allergic rhinitis, food allergy, allergic sinusitis, chronic urticaria, and atopic dermatitis, as well as systemic reactions to allergens such as drugs, insect venoms, and antigens used in allergen-specific immunotherapy. Elevated IgE expression has also been documented in several autoimmune diseases, including systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), and psoriasis, where IgE-mediated hypersensitivity mechanisms are proposed to contribute to disease pathogenesis, particularly in RA and SLE.

**Material Supplied**

IgE -antibody is affinity purified and diluted in PBS, pH 7.4, containing 1% BSA and 0.09% sodium azide.

**Material required But Not Supplied**

- Xylene
- DI Water
- Control Tissues
- Isopropyl alcohol
- Antigen retrieval buffers
- Hematoxylin
- Positive charged slides
- Blocking Reagents
- Mounting media
- Wash Buffer
- Detection System
- Cover glass

**Working Reagent Procedure**

- Ready-to-Use antibodies have been optimized for use with the recommended protocols and should not require further dilution.
- Concentrated antibodies must be diluted in accordance with the recommended protocol.

**Recommended Protocol**

Refer the following table for the details on specific recommended protocol for this antibody.

<b>Control Tissue</b>	Tonsil, Thymus, Colon	<b>Antibody Incubation Time</b>	30-60 Minutes at RT
<b>Dilution factor</b>	<b>1:20-50</b> (Antibody Diluent: DH144)	<b>Retrieval Pre-treatment</b>	<b>Tris-EDTA based HIER</b> (AR9 Buffer: DH020)

**Precautions**

*This product should be used by qualified and trained professional users only.*

Avoid microbial contamination of reagents to minimize non-specific staining. Never pipette reagents by mouth. Avoid contact of reagents and specimens with skin. If reagents or specimens come into contact with sensitive area, wash with sufficient amounts of water. Dispose of the unused reagents. This kit contain sodium azide at concentrations of less than 0.1%. Sodium azide is not classified as a hazardous chemical at these concentrations, but proper handling protocols should be observed. For more information on product hazards, precautions and waste disposal, *Material Safety Data Sheets* are available upon request.










**Limitations**

Improper tissue handling and processing prior to immunostaining can lead to inconsistent results. Variations in embedding and fixation or the nature of the tissue may lead to variations in results. Endogenous peroxidase activity or pseudo peroxidase activity in erythrocytes and tissue biotin may result in non-specific staining based on the detection system employed. Tissues containing Hepatitis B Surface Antigen (HBsAg) may give false positive with horseradish peroxidase systems. Improper counterstaining and mounting may compromise the interpretation of results. Interpretation of the staining result is solely the responsibility of the user. Experimental results should be confirmed by a medically-established diagnostic product or procedure. Evaluation must be performed by a qualified pathologist.

**Troubleshooting**

For Technical Support contact us at +91 - 7506501122 or [info@dygnova.com](mailto:info@dygnova.com) or your local distributor to report unusual staining.

Doc No: DH/DS/IGG600Rev.00

	Manufacturer Details		Use by Date		Lot/Batch Number
	Manufacturing Date		Consult Instructions for Use		Catalogue Number
	Temperature Limits		Sufficient for 'n' assays / tests		In-vitro Diagnostic Medical Device